



CT TEACHERS' RETIREMENT BOARD
 765 ASYLUM AVENUE 2ND FLOOR HARTFORD, CT 06105-2822
 "An Affirmative Action/Equal Opportunity Employer"
 Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 241-9295 www.ct.gov/trb

ADDRESS/NAME CHANGE FORM

THIS FORM IS FOR RETIRED, INACTIVE AND ACTIVE STATE EMPLOYEE MEMBERS; SPOUSES OF DECEASED MEMBERS; AND FORMER SPOUSES OF RETIRED MEMBERS.

ACTIVE MEMBERS MUST SUBMIT ALL DEMOGRAPHIC CHANGES/CORRECTIONS DIRECTLY TO THEIR EMPLOYER, WHO WILL THEN TRANSMIT THE UPDATED INFORMATION VIA THEIR NEXT MONTHLY TRANSMITTAL TO CTRB.

INSTRUCTIONS:

- Please type or print clearly and check all boxes that apply. Verify that all required information has been entered. This completed form must be received by CTRB no later than the first of the month in order for the change to become effective at the end of the month.
- If you are completing this form as Power of Attorney or Conservator for a member, attach a copy of your appointment.
- If you have your benefit payment issued by Electronic Funds Transfer (EFT), it will continue to be deposited into the bank account on file. In order to change your EFT, an [Electronic Funds Transfer \(EFT\) Form](#) must be completed and forwarded to this office.
- Address changes must be in writing and include the member's signature. They may be submitted via mail or fax. We do not accept them over the telephone.
- If you are moving out of Connecticut permanently, you should consider electing to have NO Connecticut income tax withheld from your Teachers' Retirement benefit. You may accomplish this by checking the box at the bottom of this form.
- If you live in a state that has an income tax, you must make other arrangements to satisfy your state tax liability. **The CTRB does not deduct state taxes for any state other than Connecticut.**

Effective Date of Change

Address Change Name Change Address and Name Change

Status: Retired Inactive Active State Employee Spouse of Deceased Member Former Spouse of Retiree

1. Social Security #	2. Name (please print) (Last) (First) (MI)		
3. New Address (Street)	(City)	(State)	(Zip)
4. Previous Name (if Name Change)	5. Telephone Numbers		
	Home:	Cell:	
6. Previous Address (Street)	(City)	(State)	(Zip)
7. If you are a surviving or former spouse, please provide the member's name.	Member's Name (please print) (Last) (First) (MI)		
8. Signature	9. Date	10. Email Address	
<input type="checkbox"/> Check here if the new address is a facility (such as a Nursing Home or Rehabilitation Center) which requires the resident to obtain prescription medicine through the facility's pharmacy so that the resident cannot do so via mail order. If so, submit a Certification of Residence form, which is available on our website, to CTRB.			
<input type="checkbox"/> I am no longer a resident of Connecticut. Please cancel my CT withholding.			

CTRБ does not acknowledge the receipt of individual forms.